## IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF OKLAHOMA

(1) JAMES D. BUCHANAN,	)	
Plaintiff,	)	
vs.	) Case No.: 18-CV-171-RAV	V
(1) TURN KEY HEALTH CLINICS, LLC,	)	
(2) ROB FRAZIER, in his official capacity as	)	
Muskogee County Sheriff,	)	
(3) BOARD OF COUNTY COMMISSIONERS	)	
OF MUSKOGEE COUNTY,	)	
(4) DR. COOPER, and	)	
(5) KATIE MCCULLAR, LPN,	)	
	)	
Defendants.	)	

EXHIBITS IN SUPPORT OF DEFENDANT, TURN KEY HEALTH CLINICS, LLC MOTION FOR SUMMARY JUDGMENT ON ALL CLAIMS AND BRIEF IN SUPPORT

**Exhibit 3 Frank Greenhaw** 

GREENHAW CHIROPRACTIC 1805 N. YORK MUSKOGEE, OK 74403 (918)686-7107

3584 3 10/21/17

DOUG (JAMES) BUCHANAN 4910 DENISON MUSKOGEE, OK 74401

YAA

	Thi	s listing covers services to	9/21/2	017 Prev.Bal.:	0.00
•	The fol	lowing debits have not vet be	en satı:	SILEU.	
	Anv dis	played credits have been appl	ied to !	orior deplits.	
10/21/16	99203	EXAMINATION	3	100-00	100.00
10/21/16		INTERFERENTIAL	3	25,00	125.00
10/21/16	97010	HOT/COLD PACKS	3	12.50	137.50
10/21/16	A4556	SMALL DISPOSABLE ELECTRODES	3	11.00	148.50
10/21/16		BIOFREEZE	3	14.00	162.50
10/21/16		ICE PACK (TAKE HOME)	3	10.00	172.50
10/24/16		INTERFERENTIAL	3	25.00	197.50
10/24/16		HOT/COLD PACKS	3	12.50	210.00
10/24/16		SMALL DISPOSABLE ELECTRODES	3	11.00	221.00
10/26/16		INTERFERENTIAL	3	25.00	246.00
10/26/16		HOT/COLD PACKS	3	12.50	258.50 269.50
10/26/16		SMALL DISPOSABLE ELECTRODES	3	11.00	
10/31/16		INTERFERENTIAL	3	25.00	294.50 307.00
10/31/16		HOT/COLD PACKS	3	12.50	318.00
10/31/16	A4556	SMALL DISPOSABLE ELECTRODES	3	11.00	310.00

318.00

## 6:18-cv-00171-JFH Document 143-3: Filed in ED/OK on 09/06/19 Page 3 of 17

*	4		· •	Date	0-21-11	5
Name Dud & B	U CAPINAN			Age	5 Zy Bir	thdate
Address 491	o Demonsin		City <u>/</u> 1	3 12082 S	tate Z	IP Code 7771/
Home Phone Number	er e	Phone at Wo	rk	Referred to or		
Check if you are: Employer	Married	Single	Widowed	Divorced		
Please describe the p	principal health pro	blems for which ve	nu came to this offic	e.		
NEZIC	+ 17700000 RS	olomb for which y	ounce to uno office	·		
				•		
:				· · · · · ·		
How and when did s						
List any other doctor						
List diagnosis(es) an	d type of treatment	t(s)		· · · · · · · · · · · · · · · · · · ·		
				***************************************		
Does this interfere w	-i4l 1 lie	almon et indication and a Company	Van II Na I	n rubat man? T-		to to M
Have you lost any di	nn your normai iiv	/ No Fort	es / No I			
Have you had simila				r avalois		
Mave you nad sunna	r symptoms or ma	ntes perotes i res	NO_P II yes	s, explain		
List the names of an	y relatives that hav	e or have had a sin	ıilar problem <u>_\$∑</u>	AN 13VZYA	I AN	
Who is responsible i	for your bill? Se	lf Spouse	Employer	Insurance 4	Other	ATTTAK WEY
How payment will b				Type of Insuran		- Comer /
Casi			Worker's Compe	F 4		lth Insurance
Che			<u> </u>			mobile Ins. Policy
Name of Company a	and Address					
		P	AST HISTORY	7		
Have you been treat If yes, explain:	ed for any health c	ondition by a physi	ician in the last year	? Yes No *	<u> </u>	
Have you or any rel	ative received Chir	opractic treatment	previously? Yes	No If yes,	explain	
List the approximate	dates of any opera	ations, unusal disea	ses, serious illnesse	s or accidents you	have had (inc	lude any broken bones)
List all drugs or med	dication that you ha	ave used recently (i	.e., aspirin, sleeping	; pills, birth control	pills, etc.) 5	2 PMZ PAW
1/202		<del> </del>				

FEES ARE PAYABLE AT THE TIME X-RAYS, EXAMINATIONS AND TREATMENTS ARE RECEIVED UNLESS OTHER ARRANGEMENTS ARE MADE IN ADVANCE. X-RAYS REMAIN THE PROPERTY OF THIS CLINIC. I HEREBY GIVE PERMISSION FOR TREATMENT.

Signature of Patient

Social Security Number

Patient Name Buchanan	Date 10/21/2016
CHART NOTES	•
o: At hot by car while riding	Bicycle 9-16-16
Neck pain, word back pain,	
P: better- Nothing	
worse- ADL movement	
o: Interse pain, constant	
R: Left arm to the hand	- Lt worse
Right arm to the elbor	
s: C/s T/s	
·	
T: Constant	
At went to Eastster ER.	then to
St Johns - Stayed for	2 weeks.
Pt has Fracture libs on L	effside.
No metal	
No Metal	
<u> </u>	

## 6:18-cv-00171-JFH Dochment 143-3 Charles Fraction 09/06/19 Page 6 of 17

### **Treatment and Progress Notes**

	PORT/TREATMENT NOTES/DO	
Patient's Name <u>130 HANAN</u> (Please print) last	↑ first	Date_/ <i>D-21-11</i>
•	Nons	
Please indicate precisely the area of your sy	mptoms using "XXX" on the ingures below	Since your last visit
Progress Report	T Q O S	Any <u>NEW</u> conditions? Yes No
	(K, K, K	New accident / injury? Yes No
		Have you seen another
		doctor? Yes No
	M 5,5 M	Have you missed work? Yes No
	<u> </u>	If you missed time from
THE	· · ·	work are you still off? Yes No
·	·	Last date worked
	<u> </u>	
Name your conditions in the spaces be		
1	Better 0 1 2 3 4 5 6 7	Worse 7 8 9 10 Better Same Worse
2.		7 8 9 10 Better Same Worse
3.		
5		0 7 10 Dema Dune
Patient's Signature		
	Please Do not write below this l	line
Areas of Therapy	De	octors Notes
$\Theta  \bigcirc  \bigcirc$	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JCLOFS INOTES
A ( ( )		
Kith Ihinh		
0/+10 0/+10		
1110111		· .
111 (1)		
/// / / /// /// /// /// /// /// /// //		

## 6:18-cv-00171-JFH Doctmeet 11/3 W First in 5 p/24cqn 09/06/19 Page 7 of 17

### **Treatment and Progress Notes**

PATIENT'S DAILY PROGRESS RE	PORT/TREATMENT NOTES/DO	CUMENTATION
Patient's Name Such AND last	Ωους	_Date_ <u>/0-3/_</u> H
	mptoms using "XXX" on the figures below	
Progress Report		Any NEW conditions? Yes No  New accident / injury? Yes No  Have you seen another doctor? Yes No  Have you missed work? Yes No  If you missed time from
		work are you still off? Yes No
Name your conditions in the spaces bel	Better	
2. NECK 3. 5 HOULD ERS		9 10 Better Same Worse
Patient's Signature_	Please Do not write below this line	
Areas of Therapy	Doctor Pt's Brother Star Star Sail Doug could treatment he cause	ors Notes  Called He office  Not rotarn for  the was in jan!!!

## 6:18-cv-00171-JFH <u>Docimeen14a</u> พ เป็นที่เก็บ (19) Page 8 of 17

### **Treatment and Progress Notes**

PATIENT'S DAILY PROGRESS REP	ORT/TREATMENT NOTES/DOC	UMENTATION
Patient's Name Strage AND last	TAMES	Date 10-26-16
(Please print) last	first	
Please indicate precisely the area of your syn	aptoms using "XXX" on the figures below	Since your last visit
Progress Report	De (n) st	Any <u>NEW</u> conditions? Yes No
***************************************	- ( Fig. )	New accident / injury? Yes No
·	$- \mathcal{A}(\perp)_{\mathcal{A}} - \mathcal{A}(\perp)_{\mathcal{A}} $	Have you seen another doctor? Yes
	- M 53 M 1	Have you missed work? Yes No
		If you missed time from work are you still off? Yes No
		Last date worked
T		
Name your conditions in the spaces belo	Dottor	Warra
INECH & SHOULDERS	0 1 2 3 4 5 6 7 8	Worse 9 10 Better Same Worse
2		
	•	
3	0 1 2 3 4 5 6 7 8	9 10 Better Same Worse
Daticutta Signatura		
Patient's Signature	Please Do not write below this line	
Areas of Therapy	Doctr	ors Notes
	Duciu	TS INOTES
/ / / / / / / / / / / / / / / / / / /		
- // <i>)</i>		
8 Y 10 0 (T)0		
1111 (++) 1111		
	-	
))(\	· · ·	

# 6:18-cv-00171-JFH Dogwoon1143v3 (Floring 57/2014 prin 09/06/19 Page 9 of 17

#### **Treatment and Progress Notes**

first  oms using "XXX" on the figures bel	Since your last visit  Any NEW conditions? Yes No  New accident / injury? Yes No
	Since your last visit  Any NEW conditions? Yes No  New accident / injury? Yes No
	Any <u>NEW</u> conditions? Yes No New accident / injury? Yes No
M S W	Have you seen another  doctor?  Yes  No  Have you missed work? Yes  No  If you missed time from work are you still off?  Yes  No  Last date worked
Please circle current Better 0 1 2 3 4 5 6 0 1 2 3 4 5 6 0 1 2 3 4 5 6	Worse 7 8 9 10 Better Same Worse 7 8 9 10 Better Same Worse
Please Do not write below thi	is line
Ŋ	Doctors Notes
_	Better 0 1 2 3 4 5 6 0 1 2 3 4 5 6 0 1 2 3 4 5 6  0 1 2 3 4 5 6  Please Do not write below the

Kenneth R. Trinidad, D.O. 1006 West 23<sup>rd</sup> Street Tulsa, Oklahoma 74107

> 918-742-4881 FAX: 918-742-5854

#### INITIAL EVALUATION

October 27, 2016

PATIENT: Buchanan, Doug

54468

HISTORY: Doug Buchanan is a 54-year-old male who gives a history of injuries that occurred in a blcycle/motor vehicle accident on or about September 16, 2016. The patient was hit from behind and was knocked to the ground. He lost consciousness at the scene. He injured his neck, upper back, left chest and left shoulder. He was taken by ambulance to Eastar Medical Center. X-rays and CAT scans were obtained. He was transferred to Saint Francis Hospital in Tulsa and was hospitalized for two weeks. He had left rib fractures with a pneumothorax and a chest tube was placed. He also had neck and back injuries. He was placed on medicines. He returned home to Muskogee and saw Dr. Frank Greenhaw, a chiropractic physician, and has been on treatment.

**PRESENT SYMPTOMS:** Mr. Buchanan complains of constant pain and spasm in his neck and upper to mid-back with pain and paresthesias into the left arm. He has moderate to severe headaches associated with the neck injury. He has pain and stiffness in his left shoulder with crepitance and restricted movement and weakness in the shoulder.

PAST PERSONAL HISTORY: In 1965, at age three, he was run over and had a right tibla fracture. In 1976, he had a motorcycle accident and had a right wrist fracture, left femur and left tibia fracture. He had a motor vehicle accident in 1985 with a sternal fracture. He had a left wrist fracture at age 14. His past medical history is unremarkable. His past surgical history includes thoracostomy tube and left leg traction. He has no allergies to medicines. He is currently taking no medications. His social history reveals that he was working at Whitlock Packing full-time, but has been off since the accident.

**PHYSICAL EXAMINATION:** A physical examination performed in my office on this date revealed his vital signs to be stable, height 5' 10" and weight 140 pounds. In general, the patient was a 54-year-old male who was alert and cooperative. Examination of his left shoulder revealed tenderness over the bicipital groove. There was crepitance in the shoulder with movement. There was weakness in the

Buchanan, Doug October 27, 2016 Chart Number: 54468

Page Two

muscles of the shoulder girdle on the left to resistance testing. Range of motion testing of the left shoulder revealed flexion 150 degrees, extension 20 degrees, abduction 120 degrees, adduction 50 degrees, internal rotation 30 degrees and external rotation 50 degrees. He is left hand dominant.

**CERVICAL SPINE:** Musculoskeletal examination revealed tenderness and spasm from C1 through C7 bilaterally. Range of motion testing in the cervical spine revealed flexion to be 30 degrees, extension 20 degrees, right lateral bending 20 degrees, left lateral bending 20 degrees, right rotation 30 degrees and left rotation 30 degrees.

**THORACIC SPINE:** Examination of the thoracic spine revealed tenderness and spasm from T1 through T10 bilaterally. The remainder of the examination was noncontributory.

**RADIOGRAPHS:** Radiographs will be reviewed at a later date from St. John Medical Center.

#### **IMPRESSIONS:**

1. Acute cervical and thoracic spine injury, left shoulder injury, left rib fractures with pneumothorax, posttraumatic headaches resulting from a bicycle/motor vehicle accident of September 16, 2016.

#### PLAN:

- 1. Naproxen 500 mg twice a day with food as an anti-inflammatory.
- 2. Robaxin 500 mg one-half to one tablet 3-4 times daily as a muscle relaxant.
- 3. Norco 10 mg as needed for pain.
- 4. Continue treatment with Dr. Greenhaw.
- 5. I will reevaluate his status in two weeks.

I declare under penalty of perjury that I have examined the above report and the statements contained herein and, to the best of my knowledge and belief, they are true, correct, and complete.

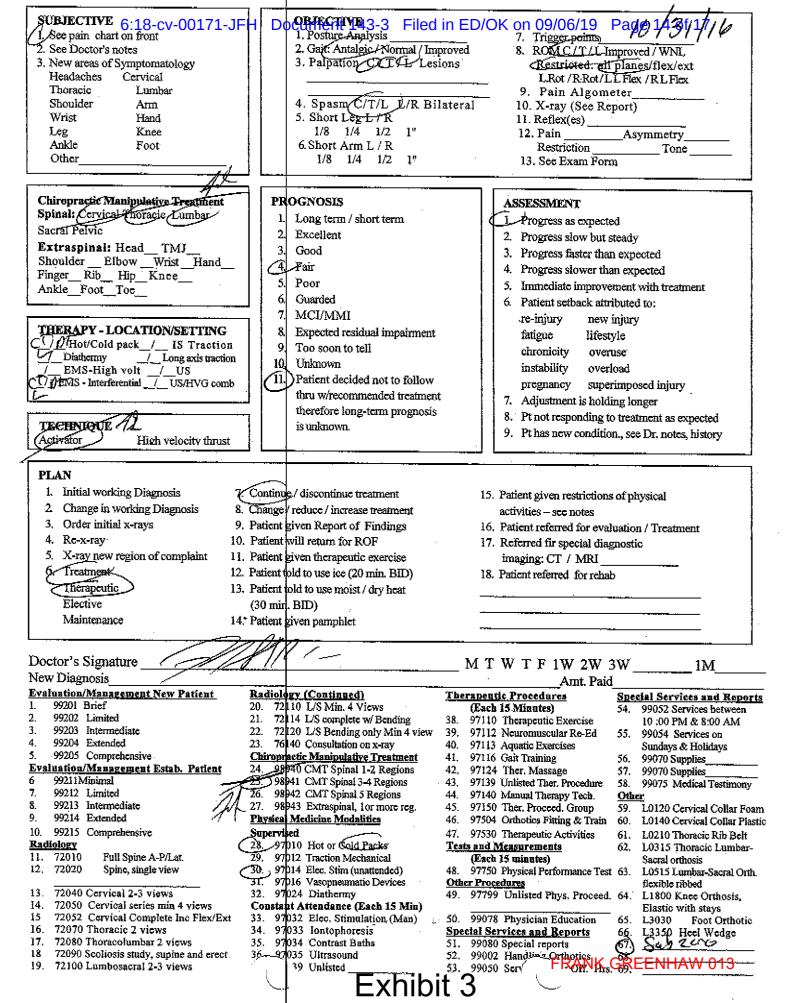
Level R. Devindad, D.O.

Kenneth R. Trinidad, D.O.

KRT: Idc

Patient Name Buchaman Date 10/21/2016
CHART NOTES
o: Pthat by car while ridia Birel- 9-16-16
Neck pain, upper back pain.
P: hotter- Nothing
worse- ADL movement
a: Intense pain constant
R: Left arm to the hand - Lt worre
Right arm to the elbor
s: C/5 T/5
T: Constant
It went to Eastster ER, then to
St Johns - Stayed for 2 weeks.
Pt has Fracture libs on Left side. See records
No metal

	Date _//-/5
Name Drid & BUCARNAJ	Age 5 7 Birthdate
Address 4910 Densed	City Mos 12012 State ZIP Code 7945
Home Phone Number Pho	one at Work Referred to our office by
Check if you are: Married Single	
Employer	Occupation
Please describe the principal health problems for	which you came to this office.
NETIC + STOULDERS	· · · · · · · · · · · · · · · · · · ·
TY	200 100 100-7
How and when did symptoms first occur?	TER CAR WREDE -
List diagnosis(es) and type of treatment(s)	
List diagnosis(es) and type of treatment(s)	
Does this interfere with your normal living and	work? Yes No In what way? I GANT DO MUCH.
Have you lost any days of work? Yes No	Dates NOT WOR ICINA
Have you had similar symptoms or injuries befo	re? Yes No / If yes, explain
List the names of any relatives that have or have	had a similar problem STAN 1502BANAN
Who is responsible for your bill? Self	Spouse Employer Insurance Other 9770000
How payment will be made:	Type of Insurance:
Cash	Worker's Compensation Health Insurance
Check	Automobile Ins. Policy
Name of Company and Address	
	DACTE TITCESODA
	PAST HISTORY
** 1 / 10 1 10 10 10 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Have you been treated for any health condition by	
If yes, explain: CDR WRCCR	<del></del>
House you or any relative received Chiromrectic t	reatment previously? Yes No/ If yes, explain
Have you or any relative received Chilopractic :	readment previously: Tes No II yes, explain
List the approximate dates of any operations, up	usal diseases, serious illnesses or accidents you have had (include any broken bones)
9-16-16	·
List all drugs or medication that you have used r	ecently (i.e., aspirin, sleeping pills, birth control pills, etc.) 52 PRUS PATAL
PRUS	
,	FAMILY-HISTORY
$\Delta$	
Name of wife or husband	Ages of children
Spouse's Employer	Ages of children Business Phone
Your nearest Relative	
Relative's Address	
Please mark your areas of pain on the figures below.	
	Y has also your distance shows your many incompany the complete your distance of the first
_	List the conditions that you are most interested in getting corrected. List in
	order of importance:
	2. 3 HOUZBERS
1 /\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3.
//) ^ (\\	4
17(1) 1/7 1/4 1/1(1)	7
15/1/13 5/1/14	What functions are you unable to perform or induce pain upon performance?
	List in order of severity. (Example: sitting, walking, bending, lying down, etc.)
1 ) ( • • )   (   •	1. AZ MOST FRYTHING
1 . ( )	2.
1 100 7 6 100	3.
1 2751 2751	
	4
TOTAL AND DAILY OF BUILDING ON THE STATE OF	S, EXAMINATIONS AND TREATMENTS ARE RECEIVED UNLESS OTHER
FEES ARE PAYABLE AT THE TIME X-RAY	N. EXAMINATIONS AND TREATMENTS ARE RECEIVED UNLESS OTHER.
The state of the formula and the state of th	by based by the second of the
	E. X-RAYS REMAIN THE PROPERTY OF THIS CLINIC. I HEREBY GIVE
PERMISSION FOR TREATMENT.	E. X-RAYS REMAIN THE PROPERTY OF THIS CLINIC. I HEREBY GIVE
PERMISSION FOR TREATMENT.	E. X-RAYS REMAIN THE PROPERTY OF THIS CLINIC. I HEREBY GIVE  Social Security Number



					) r
SUBJECTIVE 6:18-cv-00171-JF	H D	PRINTERTY143-3 Filed	in El	D/OK on 09/06/19 F	Pag#195/2117/16
(1. See pain chart on front		l. Posture Analysis		√. mggα pom⊸	\
2. See Doctor's notes		2. Gair Antalgic/Normal/Imp		8. ROM C/T/L-Hin	
New areas of Symptomatology     Headaches Cervical	1	3. Palpation Challes	ions	Restricted: (II) LRot/R-Rot/LI	planos/flex/ext
Headaches Cervical Thoracic Lumbar				9. Pain Algome	Flex / R.L.Flex
Shoulder Arm		4. Spasm (C/T/L L/R Bi)	lateral	10. X-ray (See Rep	tel
Wrist Hand		5. Short Leg L / R.	1410141	11. Reflex(es)	(011)
Leg Knee		1/8 1/4 1/2 1"		12. Pain	_Asymmetry
Ankle Foot		6. Short Arm L / R		Restriction	Tone
Other	11	1/8 1/4 1/2 1"		13. See Exam Form	
	J				
	7			7	
Chiropractic Manipulative Treatment	PR	OGNOSIS		ASSESSMENT	
Spinal: Cervical Thoracic Lumbar	1.	Long term / short term		Progress as expected	i l
Sacral Pelvic	2.	Excellent		2. Progress slow but st	eady
Extraspinal: HeadTMJ	3.	Good		3. Progress faster than	expected
Shoulder Elbow Wrist Hand		) Fair		4. Progress slower than	-
Finger_Rib_ Hip_Knee_	5.	Poor		5. Immediate improver	- 1
AnkleFootToe	6.	Guarded		6. Patient setback attrib	
<u></u>		MCI/MMI		re-injury new i	
THERAPY - LOCATION/SETTING	اَهُ ا ا	Expected residual impairment		; i	* '
Hot/Cold pack_/_ IS Traction	6	Too soon to tell		fatigue lifesty	
_/_ Diathermy/_ Long axis traction	10.	I Inknown		chronicity overu	I
/ EMS-High volt / US	1 1			instability overlo	
T/_DEMS - Interferential _/_US/HVG comb	11.	Patient decided not to follow		1 1	imposed injury
	_]	thru w/recommended treatmen	-	7. Adjustment is holding	ng longer
,	¬·	therefore long-term prognosis		8. Pt not responding to	treatment as expected
TECHNIQUE		is unknown.		9. Pt has new condition	7
Activator High velocity thrust	┛┖				
Change in working Diagnosis 8     Order initial x-rays 9     Re-x-ray 10     X-ray new region of complaint 11     Treatment 12     Therapeutic 13     Elective	Change Patient Patient Patient Patient Patient t (30 min	Adiscontinue treatment reduce / increase treatment given Report of Findings will return for ROF given therapeutic exercise old to use ice (20 min. BID) old to use moist / dry heat . BID) given pamphlet		<ul> <li>15. Patient given restrictions activities – see notes</li> <li>16. Patient referred for evaluation of the evalu</li></ul>	nation / Treatment
D				6 72 117 72 TO 1311 A331 A	.T.T.
Doctor's Signature New Diagnosis	, -		N	ATWTF1W2W3	
Evaluation/Management New Patient	Radiole	ogy (Continued)	Ther	Arnt. Paid	Special Services and Reports
1. 99201 Brief		110 L/S Min. 4 Views		(Each 15 Minutes)	54. 99052 Services between
2. 99202 Limited	21. 72	114 L/S complete w/ Bending	38.	97110 Therapeutic Exercise	10 :00 PM & 8:00 AM
3. 99203 Intermediate		120 L/S Bending only Min 4 view		97112 Neuromuscular Re-Ed	55. 99054 Services on
4. 99204 Extended 5. 99205 Comprehensive		140 Consultation on x-ray actic Manipulative Treatment		97113 Aquatic Exercises 97116 Gait Trainine	Sundays & Holidays 56. 99070 Supplies
Evaluation/Management Estab. Patient		940 CMT Spinal 1-2 Regions		97124 Ther. Massage	57. 99070 Supplies
6 99211Minimal	25. 98	941 CMT Spinal 3-4 Regions	43.	97139 Unlisted Ther. Procedure	58. 99075 Medical Testimony
7. 99212 Limited		942 CMT Spinal 5 Regions		97140 Manual Therapy Tech.	<u>Other</u>
8. 99213 Intermediate 9. 99214 Extended		943 Extraspinal, 1 or more reg.  Medicine Modalities		97150 Ther. Proceed, Group	<ul><li>59. L0120 Cervical Collar Foam</li><li>60. L0140 Cervical Collar Plastic</li></ul>
10. 99215 Comprehensive	-Supervi			97504 Orthotics Fitting & Train 97530 Therapeutic Activities	<ol> <li>L0140 Cervical Collar Plastic</li> <li>L0210 Thoracic Rib Belt</li> </ol>
Radiology	28 97	010 Hot or Cold Packs		and Measurements	62. L0315 Thoracic Lumbar-
11. 72010 Full Spine A-P/Lat.		012 Traction Mechanical		(Each 15 minutes)	Sacral orthosis
12. 72020 Spine, single view		014 Elec, Stim (unattended)	48.	97750 Physical Performance Test	63. L0515 Lumbar-Sacral Orth.
12 72040 C 1 12 2 1		016 Vasopneumatic Devices		Procedures	flexible ribbed
13. 72040 Cervical 2-3 views 14. 72050 Cervical series min 4 views		024 Diathermy nt Attendance (Each 15 Min)	49,	97799 Unlisted Phys. Proceed.	64. L1800 Knee Orthosis. Elastic with stays
14. 72050 Cervical series min 4 views 15 72052 Cervical Complete Inc Flex/Ext		032 Elec. Stimulation (Man)	ـ0گ	99078 Physician Education	65. L3030 Foot Orthotic
16. 72070 Thoracic 2 views	34. 97	033 Iontophoresis	Spec	ial Services and Reports	66. L3350 Heel Wedge
17. 72080 Thoracolumbar 2 views	35. 97	034 Contrast Baths	51.	99080 Special reports	67.
18 72090 Scoliosis study, supine and erect	3697	035 Ultrasound		99002 Handing Orthotics	REENHAW 014
19. 72100 Lumbosacral 2-3 views	(	39 Unlisted	:1,3,√	99050 Serv FROMN Marsh	20XLLINITAV OIT
	<u>\</u>	Exhib	IT 3	<b>)</b>	
			_		

SUBJECTIVE 6:18-CV-00171-JF  1. See pain chart on front 2. See Doctor's notes 3. New areas of Symptomatology Headaches Cervical	H Do	PRIFERIVE 43-3 Filed 1. Posture Analysis 2. Gain Annalgo / Normal / Imp 3. Palpation C / Lesi	7. Trigggr peints roved 8. ROMC/T/L'im ons Restricted: all L.Rot / R.Rot/L	olanes/flex/ext Flex / RL Flex
Thoracic Lumbar Shoulder Arm		4. Spasm C/T/L) L/R Bil	9. Pain Algome ateral 10. X-ray (See Rep	orti
Wrist Hand		5. Short Leg L 7 R	11. Reflex(es)	
Lcg Knee	1	1/8 1/4 1/2 1"	12. Pain	_Asymmetry
Ankle Foot Other	1	6. Short Arm L / R 1/8 1/4 1/2 1"	Restriction	10110
Outer		270 87. 87.20 8	13. Doo Dadii 1 Oili.	
Chiropractic Manipulative Treatment Spinal: Cervical Thoracic Lumbar	PR(	DGNOSIS Long term / short term	ASSESSMENT Progress as expected	1
Sacral Pelvic	2.	Excellent	2. Progress slow but st	eady
Extraspinal: Head_ TMJ_	3.	Good	3. Progress faster than	
Shoulder Elbow Wrist Hand Finger Rib Hip Knee	4.	Fair	4. Progress slower than	- 1
Ankle Foot Toe	5.	Poor	5. Immediate improver	
	6.	Guarded	6. Patient setback attri	
THERAPY - LOCATION/SETTING	7.	MCI/MMI	re-injury new i	* *
THERAPY - LOCATION/SETTING	8.	Expected residual impairment Too soon to tell	fatigue lifesty chronicity overu	
/_ Diathermy/_ Long axis traction	10	Unknown	chronicity over instability overl	
/EMS-High volt/_US US/HVG comb	11.	Patient decided not to follow	1 1	imposed injury
OS/HVG como		thru w/recommended treatment	7. Adjustment is holdi	- I
	;	therefore long-term prognosis	8. Pt not responding to	
TECHNIQUE	}	is unknown.	9. Pt has new condition	<del>-</del>
Activator High velocity thrust	<u> </u>			
2. Change in working Diagnosis       8.         3. Order initial x-rays       9.         4. Re-x-ray       10.         5. X-ray new region of complaint       11.         6. Treatment       12.         Therapeutic       13.         Elective	Change / Patient g Patient to Patient to Patient to (30 min Patient g	reduce / increase treatment reduce / increase treatment given Report of Findings will return for ROF given therapeutic exercise old to use ice (20 min. BID) old to use moist / dry heat BID) given pamphlet	<ul> <li>15. Patient given restrictions activities — see notes</li> <li>16. Patient referred for eval</li> <li>17. Referred fir special diaginaging: CT / MRI</li> <li>18. Patient referred for rehat</li> </ul>	uation / Treatment postic
Doctor's Signature	/// '		M T W T F 1W 2W 3	3W1M
New Diagnosis	•		Amt. Paid	
Evaluation/Management-New Patient 1. 99201 Brief		gy (Continued) 10 L/S Min. 4 Views	Therapeutic Procedures (Each 15 Minutes)	Special Services and Reports 54. 99052 Services between
2, 99202 Limited	21. 72	14 L/S complete w/ Bending	38. 97110 Therapeutic Exercise	10:00 PM & 8:00 AM
3. 99203 Intermediate 4. 99204 Extended		20 L/S Bending only Min 4 view 40 Consultation on x-ray	39. 97112 Neuromuscular Re-Ed 40. 97113 Aquatic Exercises	55. 99054 Services on Sundays & Holidays
5. 99205 Comprehensive		actic Manipulative Treatment	41. 97116 Gait Training	56. 99070 Supplies
Evaluation/Management Estab. Patient	24. 98	940 CMT Spinal 1-2 Regions 941 CMT Spinal 3-4 Regions	42, 97124 Ther, Massage 43, 97139 Unlisted Ther, Procedure	57. 99070 Supplies 58. 99075 Medical Testimony
6 99211Minimal 7 99212 Limited		941 CMT Spinal 5-4 Regions 942 CMT Spinal 5 Regions (	43, 97139 Unisted Ther. Procedure  43, 97140 Manual Therapy Tech.	Other
8. 99213 Intermediate	27. 98	943 Extraspinal, 1 or more reg.	45. 97150 Ther. Proceed. Group	<ul><li>59. L0120 Cervical Collar Poam</li><li>60. L0140 Cervical Collar Plastic</li></ul>
9. 99214 Extended 10. 99215 Comprehensive	Pnysical Supervi:	Medicine Modalities	46. 97504 Orthotics Fitting & Train 47. 97530 Therapeutic Activities	61. L0210 Thoracic Rib Belt
Radiology	~28 <u>~</u> )97	010 Hot or Cold Packs	Tests and Measurements	62. L0315 Thoracic Lumbar-
11. 72010 Full Spine A-P/Lat. 12. 72020 Spine, single view		D12 Traction Mechanical D14 Elec. Stim (unattended)	(Each 15 minutes) 48. 97750 Physical Performance Test	Sacral orthosis : 63. L0515 Lumbar-Sacral Orth.
	<del>-31.</del> 97	016 Vasopneumatic Devices	Other Procedures	flexible ribbed
13. 72040 Cervical 2-3 views 14. 72050 Cervical series min 4 views		024 Diathermy at Attendance (Each 15 Min)	49. 97799 Unlisted Phys. Proceed	64. L1800 Knee Orthosis, Elastic with stays
14. 72050 Cervical series min 4 views 15 72052 Cervical Complete Inc Flex/Ext	33. 97	032 Elec. Stimulation (Man)	50. 99078 Physician Education	65. L3030 Foot Orthotic
16. 72070 Thoracic 2 views		033 Iontophoresis 034 Contrast Baths	Special Services and Reports 51. 99080 Special reports	66. L3350 Heei Wedge 67.
17. 72080 Thoracolumbar 2 views 18 72090 Scoliosis study, supine and erect		034 Contrast Baths 035 Ultrasound	52. 99002 Hand Orthotics	68.
19. 72100 Lumbosacral 2-3 views		39 Unlisted		GREENHAW 015
		Exhib	ıt 3	

SUBJECTIVE 6:18-CV-00171  1. See pain chart on front  2. See Doctor's notes  3. New areas of Symptomatology Headaches Cervical Thoracic Lumbar Shoulder Arm Wrist Hand Leg Knee Ankle Foot	DOBJECTIVE 43-3   Filed in ED/OK on 09/06/19   Page 12-6f 1/16     1. Posture Analysis   7. Trigger points     2. Gait (Antalgic / Normal / Improved   8. ROM C / T / L'improved / WNL     3. Palpation C T (1 Lesions   Restricted: all planes/flex/ext   LRot / RRot / LL Flex / R L Flex     9. Pain Algometer     4. Spasm C/T/L L/R Bilateral   10. X-ray (See Report)     5. Short Leg L / R   11. Reflex(es)     1/8 1/4 1/2 1"   12. Pain   Asymmetry     6. Short Arm L / R   Restriction   Tone     1/8 1/4 1/2 1"   13. See Exam Form
Chiropractic Manipulative Treatment Spinal: Cervical Thoracic Lumbar Sacral Pelvic  Extraspinal: Head TMJ Shoulder Elbow Wrist Hand Finger Rib Hip Knee Ankle Foot Toe  THERAPY - LOCATION/SETTING T/P Hot/Cold pack) / IS Traction / Diathermy / Long axis traction / Diathermy / Long axis traction / EMS-High volt / US T/PEMS - Interferential / US/HVG comb  TECHNIQUE Activator High velocity thrust	PROGNOSIS  1. Long term / short term 2. Excellent 3. Good 4. Fair 5. Poor 6. Guarded 7. MCI/MMI 8. Expected residual impairment 9. Too soon to tell 10. Unknown 11. Patient decided not to follow thru w/recommended treatment therefore long-term prognosis is unknown.  PROGNOSIS  1. Long term / short term 2. Progress sa expected 2. Progress slow but steady 3. Progress faster than expected 4. Progress slower than expected 5. Immediate improvement with treatment 6. Patient setback attributed to: 10. Unknown 11. Patient decided not to follow thru w/recommended treatment 11. Progress as expected 12. Progress slow but steady 13. Progress slower than expected 14. Progress slower than expected 15. Immediate improvement with treatment 16. Patient setback attributed to: 17. re-injury new injury 18. Expected residual impairment 19. Too soon to tell 20. Progress slower than expected 21. Progress slower than expected 22. Progress slower than expected 23. Progress slower than expected 24. Progress slower than expected 25. Immediate improvement with treatment end in the failure of the fa
3. Order initial x-rays 4. Re-x-ray 5. X-ray new region of complaint 6. Treatment Therapeutic Elective	7 Continue / d)scontinue treatment 8. Change / reduce / increase treatment 9. Patient given Report of Findings 10. Patient will return for ROF 11. Patient given therapeutic exercise 12. Patient told to use ice (20 min. BID) 13. Patient told to use moist / dry heat 14. Patient given pamphlet 15. Patient given restrictions of physical activities – see notes 16. Patient referred for evaluation / Treatment 17. Referred fir special diagnostic imaging: CT / MRI 18. Patient referred for rehab 19. Patient referred for rehab 19. Patient referred for rehab 19. Patient given pamphlet
Doctor's Signature  New Diagnosis  Evaluation/Management New Patient  1. 99201 Brief  2. 99202 Limited  3. 99203 Intermediate  4. 99204 Extended  5. 99205 Comprehensive  Evaluation/Management Estab. Patient  6 99211Minimal  7. 99212 Limited  8. 99213 Intermediate  9. 99214 Extended  10. 99215 Comprehensive  Radiology  11. 72010 Full Spine A-P/Lat.  12. 72020 Spine, single view  13. 72040 Cervical 2-3 views  14. 72050 Cervical series min 4 views  15 72052 Cervical Complete Inc Flex/Ext  16. 72070 Thoracic 2 views  17. 72080 Thoracolumbar 2 views	M T W T F 1W 2W 3W 1M    Radiology (Continued)   Therapeutic Procedures   Special Services and Repo   20, 72   10 L/S Min, 4 Views   21, 72   14 L/S complete w/ Bending   38, 97   10 Therapeutic Exercise   10 :00 PM & 8:00 AM   22, 72   20 L/S Bending only Min 4 view   39, 97   11 Neuromuscular Re-Ed   23, 76   40 Consultation on x-ray   40, 97   113 Aquatic Exercise   51, 99052 Services between   10 :00 PM & 8:00 AM   55, 99054 Services on   56, 990554 Services on   57, 98064 Services on   58, 97   114 Christopharis   41, 97   115 Chair Training   56, 99070 Supplies   57, 99070 Supplies   57, 98943 Extraspinal, 1 or more reg.   42, 97   124 Ther. Massage   57, 99070 Supplies   58, 99075 Medical Testimon   58, 97   10 Hot of Cold Packs   797   10 Hot of Training   10 Hot of Cold Packs   10
<ul> <li>72090 Scoliosis study, supine and erect</li> <li>72100 Lumbosacrai 2-3 views</li> </ul>	36 97035 Ultrasound 52. 99002 Handle Orthotics 68. 2690 153. 99050 Serv FRANKIS OR EENFIAW 016